

<i>SERFF Tracking Number:</i>	<i>MULF-125695861</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39306</i>
<i>Company Tracking Number:</i>	<i>LTC-PRT AR 10/07</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Arkansas Partnership Certification</i>		
<i>Project Name/Number:</i>	<i>Arkansas Partnership Certification/</i>		

## Filing at a Glance

Company: John Hancock Life Insurance Company

Product Name: Arkansas Partnership Certification      SERFF Tr Num: MULF-125695861      State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 39306

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: LTC-PRT AR 10/07

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Harris Shearer

Authors: Glenn Daly, Carol Folsom, Disposition Date: 07/08/2008

Pat Hamlett, Marie Roche, Joanne

Witham, Richard Famiglietti

Date Submitted: 06/14/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 08/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: Arkansas Partnership Certification

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: We did not file in our home state of Massachusetts as this filing is specific to the Arkansas Partnership Program.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/08/2008

State Status Changed: 07/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Pursuant to Rule 94, we have enclosed the attached referenced forms for your review. A description of these forms is found below. These forms are new and do not replace any forms that we currently have on file with your Department.

<i>SERFF Tracking Number:</i>	<i>MULF-125695861</i>	<i>State:</i>	<i>Arkansas</i>
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## Partnership Certification

We have included a Partnership certification for the following policy series certifying that these policy series meet all applicable consumer protection standards required to qualify as a Partnership policy. Copies of the policy forms are also enclosed for your convenience

- Policy Series LTC-03 AR approved by your Department on October 16, 2003.
- Policy Series BSC-03 AR approved by your Department on October 16, 2003.
- Policy Series LTC-06 AR approved by your Department on January 8, 2007.

## Partnership Related Forms

We will use Partnership Disclosure Notice LTC-PRT AR 10/07 at time of issuance with a Partnership policy if the policy meets Partnership requirements at such time.

Non-Partnership Policy Notice Form LTC-NPRT AR 10/07 will be provided to a policyholder whose policy does not meet the requirements for a Partnership policy at issuance.

We will use the Partnership Program Notice LTC-OC-PRT AR10/07 at time of solicitation and such form will be provided with the outline of coverage. This form provides general information regarding Arkansas' Partnership program

We are also including a copy of brochure QSLTCIP Consumer Supplement Form LTC-3800 9/06 for your information which provides consumers with additional information regarding a Partnership Program.

## Inflation Coverage

We have described in our filing letter which of our available inflation options for each policy meets the inflation requirements of the DRA and new Arkansas requirements relating to allowable inflation requirements.

## Exchanges

We intend to implement our exchange in the following manner.

SERFF Tracking Number:	MULF-125695861	State:	Arkansas
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- For our individual long-term care insurance policies which meet all Partnership requirements issued between July 1, 2008 and the date we launch our Partnership program, we will provide the policyholder with a Partnership Disclosure Notice LTC-PRT AR 10/07. In essence, all such compliant policies will automatically be updated to Partnership status.
- For our individual long-term care insurance policies which meet Partnership requirements issued between 2/8/06 (the date the DRA was signed) and July 1, 2008, we will also provide the policyholder with a Partnership Disclosure Notice LTC-PRT AR 10/07. In addition, for this category of policyholders we will be endorsing their policies with endorsement form LTC-PRT/UPG AR 6/08. By adding a new "Issue Date" category to the policy, we believe we are then compliant with the DRA and Arkansas requirement that a Partnership policy is "issued" on or after the effective date of the program. We believe that this requires a formal change to the policy. We believe that the good news is that by using this process, the Partnership update is done in a manner that does not require any policyholder effort as we will do all the work. Most importantly, there is then no change in premium, benefits or any time-related credits earned under the policy.
- If a policyholder has existing coverage that does not meet Partnership requirements, the individual may apply for a new policy which meets Partnership requirements subject to all applicable underwriting, premium rate and plan design requirements of the new policy.

We look forward to hearing from you that our certifications have been accepted.

Please feel free to call me at 1-888-877-6075 or email me at [mroche@jhancock.com](mailto:mroche@jhancock.com) should you have any questions.

Thank you for your time and consideration in this matter.

## Company and Contact

### Filing Contact Information

Marie Roche,  
200 Berkeley Street  
Boston, MA 02117

[mroche@jhancock.com](mailto:mroche@jhancock.com)  
(888) 877-6075 [Phone]

### Filing Company Information

*SERFF Tracking Number:*      *MULF-125695861*      *State:*      *Arkansas*  
*Filing Company:*      *John Hancock Life Insurance Company*      *State Tracking Number:*      *39306*  
*Company Tracking Number:*      *LTC-PRT AR 10/07*  
*TOI:*      *LTC03I Individual Long Term Care*      *Sub-TOI:*      *LTC03I.001 Qualified*  
*Product Name:*      *Arkansas Partnership Certification*  
*Project Name/Number:*      *Arkansas Partnership Certification/*

John Hancock Life Insurance Company	CoCode: 65099	State of Domicile: Massachusetts
200 Berkeley Street	Group Code: 904	Company Type: Long Term Care Insurance
P O Box 111		
Boston, MA 02117	Group Name:	State ID Number:
(617) 572-5000 ext. [Phone]	FEIN Number: 04-1414660	
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<i>SERFF Tracking Number:</i>	<i>MULF-125695861</i>	<i>State:</i>	<i>Arkansas</i>
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	Yes
Fee Explanation:	Our home state of Massachusetts requires a forms filing fee of \$125.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company	\$75.00	06/14/2008	20907750

SERFF Tracking Number:	MULF-125695861	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	07/08/2008	07/08/2008

<i>SERFF Tracking Number:</i>	<i>MULF-125695861</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Arkansas Partnership Certification/</i>		

## **Disposition**

Disposition Date: 07/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MULF-125695861	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company	State Tracking Number:	39306
Company Tracking Number:	LTC-PRT AR 10/07		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Arkansas Partnership Certification		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Marie Roche	Approved-Closed	Yes
Form	POLICY ISSUE DATE ENDROSEMENT	Approved-Closed	Yes
Form	PARTNERSHIP DISCLOSURE	Approved-Closed	Yes
Form	NON-PARTNERSHIP DISCLOSURE	Approved-Closed	Yes
Form	PARTNERSHIP SOLICITATION NOTICE	Approved-Closed	Yes



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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
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## Form Schedule

**Lead Form Number:** LTC-PRT AR 10/07

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LTC-PRT/UPG AR 6/08	Policy/Contract/Endorsement or Rider	POLICY ISSUE DATE Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0	AR_IssueDate_endorsement.pdf
Approved-Closed	LTC-PART AR 10/07	Other	PARTNERSHIP DISCLOSURE	Initial		0	AR_Part_notice.pdf
Approved-Closed	LTC-NPRT AR 10/07	Other	NON-PARTNERSHIP DISCLOSURE	Initial		0	AR_NonPart_notice.pdf
Approved-Closed	LTC-OC-PRT AR 10/07	Other	PARTNERSHIP SOLICITATION NOTICE	Initial		0	AR_OC_Disclosure.pdf



**JOHN HANCOCK LIFE INSURANCE COMPANY**

**ENDORSEMENT**

This Endorsement is part of Your Individual Long-Term Care Insurance Policy. It is subject to all the provisions of the Policy unless otherwise provided below.

It is hereby understood and agreed that the following provision is added to Your Policy, effective July 1, 2008:

Issue Date: July 1, 2008

This provision does not affect the Effective Date of Coverage shown on Your Policy Schedule, or any other term, condition, agreement, or limitation of the Policy.

Signed for the Company at Boston, Massachusetts:

Secretary



**JOHN HANCOCK LIFE INSURANCE COMPANY**

Administrative Office: 333 West Everett Street, P.O. Box 2986, Milwaukee, WI 53203

**Partnership Disclosure Notice**

**Important Notice Regarding Your Policy's Long-Term Care Insurance  
Partnership Status**

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies sold in Arkansas qualify for the Arkansas Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may be entitled to special treatment, and in particular an "Asset Disregard," under Arkansas's Medicaid program.

**Asset Disregard** means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply and special rules may apply to persons whose home equity exceeds \$[500,000]. Asset Disregard is **not** available under a long-term care insurance policy that is not a Partnership Policy. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

**Partnership Policy Status.** Your long-term care insurance policy is intended to qualify as a Partnership Policy under the **Arkansas Long-Term Care Partnership Program** as of your Policy's effective date.

**What Could Disqualify Your Policy as a Partnership Policy.** If you make any changes to your policy, such changes could affect whether your policy continues to be a Partnership Policy. ***Before you make any changes, you should consult with John Hancock to determine the effect of a proposed change.*** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

**Additional Information.** If you have questions regarding your insurance policy please contact John Hancock at [333 West Everett Street, P.O. Box 2986, Milwaukee, WI 53203, call us at 1-800-377-7311 or visit us at [www.johnhancocklongtermcare.com](http://www.johnhancocklongtermcare.com).] If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

**This form and all benefit statements received should be kept with your policy.**



JOHN HANCOCK LIFE INSURANCE COMPANY

**Important Notice Regarding the Status of Your Long-Term Care Insurance Policy under the Long-Term Care Insurance Partnership Program**

**The long-term care insurance policy issued to you does NOT meet the requirements for a Qualified Partnership Long-Term Care Insurance Policy under the Long-Term Care Insurance Partnership Program.**

**(Please keep this Notice with Your Long-Term Care Insurance Records)**

Your state has implemented a Qualified Long-Term Care Insurance Partnership Program. The goal of this Program is to encourage consumers to plan for and meet their future long-term care needs by purchasing a Qualified Partnership Long-Term Care Insurance Policy and keeping it in effect. Residents who have a Qualified Partnership Long-Term Care Insurance Policy may be able to protect a portion of their assets that they would otherwise need to spend down prior to qualifying for Medicaid coverage if assistance under the Medicaid program is ever needed. Specifically, the total amount of Medicaid asset protection afforded under a Partnership Policy is equal to the sum of all benefits paid under the Partnership Policy when the individual seeks to apply for Medicaid. There are additional Medicaid eligibility requirements that continue to apply for individuals seeking Medicaid assistance, such as those related to income and home equity.

Policies must comply with Partnership Program requirements if they are to be considered qualified as a Qualified Partnership Long-Term Care Insurance Policy.

**The long-term care insurance policy issued to you does NOT meet the requirements for a Qualified Partnership Long-Term Care Insurance Policy.** As a result, you will not be afforded the Medicaid asset protection that may be available to a purchaser of a Qualified Partnership Long-Term Care Insurance Policy. If you have any concerns about this, you may want to consult with your attorney, accountant, or financial advisor.

**Additional information** For questions regarding your coverage, please contact: John Hancock at [333 West Everett Street, P.O. Box 2986, Milwaukee, WI 53203, call us at 1-800-377-7311 or visit us at [www.johnhancocklongtermcare.com](http://www.johnhancocklongtermcare.com). For questions regarding the Partnership program, please contact: Arkansas Department of Human Services.]



**JOHN HANCOCK LIFE INSURANCE COMPANY**

**Partnership Program Notice**  
**Important Consumer Information Regarding the Long-Term Care Insurance  
Partnership Program**

Some long-term care insurance policies sold may qualify for the Long-Term Care Insurance Partnership Program (the Partnership Program). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may protect the policyholder's assets through a feature known as "Asset Disregard" under the Medicaid program.

**Asset Disregard** means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply and special rules may apply to persons whose home equity exceeds [\$500,000]. Asset Disregard is not available under a long-term care insurance policy that is not a Partnership Policy. Therefore, you should consider if Asset Disregard is important to you, and whether a Partnership Policy meets your needs. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

**What are the Requirements for a Partnership Policy?** In order for a policy to qualify as a Partnership Policy, it must, among other requirements:

- be issued to an individual after [July 1, 2008];
- cover an individual who was a Arkansas resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under § 7702(B)(b) of the Internal Revenue Code of 1986;
- meet stringent consumer protection standards; and
- meet the following inflation requirements:
  - For ages 60 or younger - provides compound annual inflation protection
  - For ages 61 to 75 - provides annual inflation protection
  - For ages 76 and older-no purchase of inflation protection is required.

If you apply and are approved for long-term care insurance coverage, John Hancock will provide you with written documentation as to whether or not your policy qualifies as a Partnership Policy.

**What Could Disqualify a Policy as a Partnership Policy?** Certain types of changes to a Partnership Policy could affect whether or not such policy continues to be a Partnership Policy. If you purchase a Partnership Policy and later decide to make any changes, you should first consult with John Hancock to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that state. The information contained in this disclosure is based on current Arkansas and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas' Medicaid program.

**Additional Information.** For questions regarding your coverage, please contact: John Hancock at [333 West Everett Street, P.O. Box 2986, Milwaukee, WI 53203, call us at 1-800-377-7311 or visit us at [www.johnhancocklongtermcare.com](http://www.johnhancocklongtermcare.com). For questions regarding the Partnership program, please contact: Arkansas Department of Human Services.]

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<i>Company Tracking Number:</i>	<i>LTC-PRT AR 10/07</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Arkansas Partnership Certification</i>		
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Bypass Reason:</b>	This is a Partnership Certification Filing.			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Bypass Reason:</b>	This is a Partnership Certification Filing.			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Bypass Reason:</b>	This is a Partnership Certification Filing.			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Bypass Reason:</b>	This is a Partnership Certification Filing.			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	Marie Roche	<b>Review Status:</b>	Approved-Closed	07/08/2008
<b>Comments:</b>				

Please find my submission cover letter, our Partnership certification form, an NAIC transmittal form and a sample Partnership brochure.

### Attachments:

AR6\_14cov.doc  
 Issuer Certification Form.pdf  
 industry\_rates\_lh\_trans\_AR.pdf  
 ltc\_3800.pdf

<i>SERFF Tracking Number:</i>	<i>MULF-125695861</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Arkansas Partnership Certification</i>		
<i>Project Name/Number:</i>	<i>Arkansas Partnership Certification/</i>		

Attachment "AR6\_14cov.doc" is not a PDF document and cannot be reproduced here.



## ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide each State insurance commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requests information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, e.g., as it introduces new long-term care insurance policy forms for issuance.

### I. GENERAL INFORMATION

**A. Name, address and telephone number of issuer:**

**John Hancock Life Insurance Company**  
John Hancock Place  
Post Office Box 111  
Boston, Massachusetts 02117  
Phone: (617) 572-6000

**B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:**

**Marie Roche**  
**John Hancock Life Insurance Company**  
John Hancock Place  
Post Office Box 111  
Boston, Massachusetts 02117  
Phone: (617) 572-7500  
mroche@jhancock.com

**C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**

- Policy Series LTC-03 AR approved by your Department on October 16, 2003.
- Policy Series BSC-03 AR approved by your Department on October 16, 2003.
- Policy Series LTC-06 AR approved by your Department on January 8, 2007.

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

### II. CERTIFICATIONS

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on {insert issuer name's} behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

6/14/08  
Date

Marie Roche  
Name and title of officer of the Issuer



Signature of officer of the Issuer

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	<b>Arkansas</b>					
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<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	<b>John Hancock Life Insurance Company P. O. Box 111 Boston, MA 02116</b>	<b>MA</b>	<b>Life &amp; Health</b>	<b>356</b>	<b>65099</b>	<b>04-1414660</b>	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	<b>Marie Roche 200 Berkeley Street, B-6-06 Boston, MA 02116</b>	<b>617-572-7500</b>	<b>617-572-0399</b>	<b>mroche@jhancock.com</b>

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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<b>6.</b>	<b>Company Tracking Number</b>					
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____			
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<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Franchise</b>				
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			

<b>9.</b>	<b>Type of Insurance</b>	<b>Individual Long-Term Care</b>				
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<b>LTC03L.001 Qualified</b>				
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<b>11.</b>	<b>Submitted Documents</b>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>FORMS</b>  <input type="checkbox"/> Policy      <input type="checkbox"/> Outline of Coverage      <input type="checkbox"/> Certificate  <input type="checkbox"/> Application/Enrollment      <input checked="" type="checkbox"/> Rider/Endorsement      <input type="checkbox"/> Advertising  <input type="checkbox"/> Schedule of Benefits      <input checked="" type="checkbox"/> Other - Disclosure Forms           </div> <div style="border: 1px solid black; padding: 5px;"> <b>Rates</b>  <input type="checkbox"/> New Rate      <input type="checkbox"/> Revised Rate           </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b>            Please explain: _____           </div> <div style="border: 1px solid black; padding: 5px;"> <b>SUPPORTING DOCUMENTATION</b>  <input type="checkbox"/> Articles of Incorporation      <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Association Bylaws      <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Statement of Variability      <input checked="" type="checkbox"/> Certifications  <input type="checkbox"/> Actuarial Memorandum  <input checked="" type="checkbox"/> Other <u>Partnership Certification</u> </div>				
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12.	Filing Submission Date	6/14/05	
13	Filing Fee (If required)	Amount	N/A
		Check Date	
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number	
14.	Date of Domiciliary Approval	This is a Arkansas Partnership filing and was therefore not submitted in our home state of MA.	
15.	Filing Description:		

Pursuant to Rule 94, we have enclosed the attached referenced forms for your review. A description of these forms is found below. These forms are new and do not replace any forms that we currently have on file with your Department.

**Partnership Certification.** We have included a Partnership certification for the following policy series certifying that these policy series meet all applicable consumer protection standards required to qualify as a Partnership policy. Copies of the policy forms are also enclosed for your convenience

- Policy Series LTC-03 AR approved by your Department on October 16, 2003.
- Policy Series BSC-03 AR approved by your Department on October 16, 2003.
- Policy Series LTC-06 AR approved by your Department on January 8, 2007.

**Partnership Related Forms.** We will use Partnership Disclosure Notice LTC-PRT AR 10/07 at time of issuance with a Partnership policy if the policy meets Partnership requirements at such time. Non-Partnership Policy Notice Form LTC-NPRT AR 10/07 will be provided to a policyholder whose policy does not meet the requirements for a Partnership policy at issuance. We will use the Partnership Program Notice LTC-OC-PRT AR10/07 at time of solicitation and such form will be provided with the outline of coverage. This form provides general information regarding Arkansas' Partnership program We are also including a copy of brochure QSLTCIP Consumer Supplement Form LTC-3800 9/06 for your information which provides consumers with additional information regarding a Partnership Program.


**Inflation Coverage.** We have described in our filing letter which of our available inflation options for each policy meets the inflation requirements of the DRA and new Arkansas requirements relating to allowable inflation requirements.

## **Exchanges**

We intend to implement our exchange in the following manner.

- For our individual long-term care insurance policies which meet all Partnership requirements issued between July 1, 2008 and the date we launch our Partnership program, we will provide the policyholder with a Partnership Disclosure Notice LTC-PRT AR 10/07. In essence, all such compliant policies will automatically be updated to Partnership status.
- For our individual long-term care insurance policies which meet Partnership requirements issued between 2/8/06 (the date the DRA was signed) and July 1, 2008, we will also provide the policyholder with a Partnership Disclosure Notice LTC-PRT AR 10/07. In addition, for this category of policyholders we will be endorsing their policies with endorsement form LTC-PRT/UPG AR 6/08. By adding a new "Issue Date" category to the policy, we believe we are then compliant with the DRA and Arkansas requirement that a Partnership policy is "issued" on or after the effective date of the program. We believe that this requires a formal change to the policy. We believe that the good news is that by using this process, the Partnership update is done in a manner that does not require any policyholder effort as we will do all the work. Most importantly, there is then no change in premium, benefits or any time-related credits earned under the policy.
- If a policyholder has existing coverage that does not meet Partnership requirements, the individual may apply for a new policy which meets Partnership requirements subject to all applicable underwriting, premium rate and plan design requirements of the new policy.

We look forward to hearing from you that our certifications have been accepted. Please feel free to call me at 1-888-877-6075 or email me at mroche@jhancock.com should you have any questions. Thank you for your time and consideration in this matter.

<b>16.</b>	<b>Certification (If required)</b>		
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <a href="#">Arkansas</a> .			
Print Name	<u>Marie Roche</u>	Title	<u>Assistant Vice President</u>
			
Signature	<u></u>	Date:	<u>6/14/08</u>

LHTD-1, Page 2 of 2

<b>17.</b>	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		MULF-125695861
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Partnership Endorsement	LTC-PRT/UPG AR 6/08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Partnership Disclosure Notice	LTC-PRT AR 10/07	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Non-Partnership Disclosure Notice	LTC-NPRT AR 10/07	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Partnership Solicitation Disclosure Notice	LTC-OC-PRT AR 10/07	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

Effective March 1, 2007

LH FFA-1

<b>18.</b>	<b>Rate Filing Attachment</b>			
<b>This filing transmittal is part of company tracking number</b>			<b>N/A</b>	
<b>This filing corresponds to form filing company tracking number</b>			<b>N/A</b>	
<b>Overall percentage rate indication (when applicable)</b>				
<b>Overall percentage rate impact for this filing</b>			<b>%</b>	
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1





## Protecting more of your assets

What you need to know about the  
Qualified State Long Term Care Insurance  
Partnership Program

## Long term care planning — It's your responsibility.

With the signing of the **Deficit Reduction Act (DRA) of 2005** by President Bush in February 2006, the federal government has taken steps to encourage Americans to take more personal responsibility for covering the cost of their long term care (LTC). One provision in the DRA allows states to establish Qualified State Long Term Care Insurance Partnership (QSLTCIP) Programs. The intention of these government-sponsored LTC programs is to:

- ▶ help protect the stability of state Medicaid programs
- ▶ promote the importance and value of private LTC insurance coverage
- ▶ offer Medicaid Asset Protection to consumers who buy LTC insurance, enabling them to protect an additional dollar amount of personal assets and still remain eligible to apply for Medicaid coverage of LTC services if needed

Your state has chosen to establish such a program.

# Taking asset protection one step further

LTC insurance is designed to help protect your assets and preserve your independence and quality of life in the event you require long term care. Your state's Partnership Program takes this concept one step further — by offering Medicaid Asset Protection above and beyond the benefit currently available in LTC insurance policies.

## What is Medicaid Asset Protection?

Medicaid Asset Protection is a means of protecting a portion of your assets that you would otherwise have to utilize, or “spend down,” in order to determine eligibility for Medicaid benefits that continue to pay for your long term care. A Partnership-qualified policy enables policyholders to protect one dollar of personal assets for every dollar the policy pays out in benefits. The amount of an individual's Medicaid Asset Protection is equal to the sum of all benefits paid under the Partnership-qualified policy when he/she seeks to qualify for Medicaid.

The total assets you are able to keep as a result of your Partnership-qualified policy are above and beyond all the regular resource allowances under the Medicaid program, including any assets your spouse may be allowed to keep. It's important to keep in mind that, while a certain portion of your assets may be protected, you are still required to apply your income toward the cost of long term care in accordance with state Medicaid requirements.

## Understanding the purpose and limitations of Medicaid

Medicaid is a program originally intended to help finance health care for those without the means to pay for private insurance. Over time it has evolved into the primary public payer for long term care services provided in nursing homes (versus assisted living facilities or the home). In fact, Medicaid currently pays for nearly two-thirds of all U.S. nursing home residents.\*

To qualify for Medicaid coverage of LTC services, rules normally require applicants to spend down their assets to a prescribed level. Until the Deficit Reduction Act passed, it was easier for people to transfer ownership of personal assets in order to qualify for Medicaid LTC benefits for which they would otherwise not be eligible. Over time, this has put a tremendous strain on the state's Medicaid system, jeopardizing its ability to support its intended recipients — those who will truly need help in the years and decades to come.

\*Source: National Governor's Association, [www.nga.org](http://www.nga.org); Policy Positions: EC-16. Medicaid Reform Policy, 7/20/05.

# How a Partnership-qualified policy works

The following is a hypothetical example illustrating the impact of Medicaid Asset Protection through a Partnership-qualified LTC insurance policy. Keep in mind that Medicaid issues and resource allowances vary by state.<sup>1</sup>

Age of policyholder	With a Partnership-qualified LTC insurance policy
Joan Single mother age 55	<ul style="list-style-type: none"><li>• Employed, with current retirement assets (stocks, bonds, cash) of \$500,000</li><li>• Seeking to preserve a portion of her estate for her daughter</li><li>• Joan purchases a Partnership-qualified LTC insurance policy</li></ul>
At age 78	<ul style="list-style-type: none"><li>• Current retirement assets (stocks, bonds, cash) now at \$600,000</li><li>• Joan needs long term care; she satisfies the benefit eligibility requirements and goes on claim</li><li>• She pays for her care with her LTC insurance policy</li></ul>
At age 83	<ul style="list-style-type: none"><li>• Retirement assets (stocks, bonds, cash) still at \$600,000</li><li>• Home equity value less than \$500,000</li><li>• Policy is exhausted after paying out \$450,000 in benefits; this amount (plus her state's resource allowance) represents the increased amount of assets she will be able to protect when she seeks to qualify for Medicaid</li><li>• Joan still requires LTC services, and applies for Medicaid Asset Protection</li><li>• She is required to pay her costs for LTC from her personal assets and income</li></ul>
At age 84	<ul style="list-style-type: none"><li>• Joan is only required to spend down her assets to \$460,000 (\$450,000 plus a \$10,000 resource allowance<sup>1</sup>)</li><li>• She now qualifies for Medicaid, which starts covering her LTC costs</li><li>• Joan's \$460,000 in assets are protected, but she is still required to contribute her personal income toward her total LTC costs</li></ul>
At age 86	<ul style="list-style-type: none"><li>• Joan passes away</li><li>• Retirement assets of \$460,000 are preserved for her daughter</li></ul>

The example above demonstrates how owning a Partnership-qualified LTC insurance policy can increase a policyholder's potential to achieve his/her financial planning goals by protecting a specific amount of personal assets than would otherwise be possible without a Partnership-qualified policy.<sup>1</sup>

1. Example is hypothetical. Results will vary based on each policyholder's personal situation, including financial goals, size of retirement portfolio, performance of investments, cost of living expenses, personal LTC experience, as well as any applicable federal and state requirements and allowances.

# John Hancock Partnership-qualified policies

John Hancock’s individual LTC insurance policies are intended to meet the requirements for Partnership-qualified policies, including the tax qualification requirement.<sup>2</sup>

Our policies are tax qualified and meet or exceed all currently applicable National Association of Insurance Commissions (NAIC) consumer protection standards. As a reminder, there are some important steps that consumers must take to ensure that their policy retains its Partnership-qualified status. Specifically:

- ▶ You must be a resident of the state at the time the policy is issued.
- ▶ You must select the appropriate level of inflation protection based on your age at the time of purchase.

Age at time of purchase	Minimum required level of inflation protection
60 or younger	Any type of automatic inflation protection with annual compounding
61–75	Any type of automatic inflation protection with either annual compounding or simple
76 or older	No requirement

Please note that your LTC insurance policy may no longer be Partnership-qualified in the future under the following situations:

- ▶ You revise your benefits in a manner that no longer meets the requirements for a Partnership-qualified policy (e.g., you drop your inflation coverage).

- ▶ You move to a state that does not have the same Partnership program or does not recognize your Partnership-qualified policy.
- ▶ State and/or federal laws change and the Partnership program is modified or discontinued at a future date.

## Is a Partnership-qualified policy right for me?

Protecting retirement assets is a major reason why people buy LTC insurance. Buying a Partnership-qualified policy enhances that benefit by allowing you to earmark a specific dollar amount you can protect through Medicaid Asset Protection. Regardless of whether or not your policy is Partnership qualified, a John Hancock LTC insurance policy provides you with valuable protection by helping to:

- ▶ pay for future long term care expenses
- ▶ preserve your retirement assets for their intended purpose
- ▶ reduce the financial and emotional burden of long term care on family members

Your financial professional should be able to help you determine whether a Partnership-qualified LTC insurance policy is the right choice for you.

2. Individual states may impose additional requirements.



Long term care insurance is underwritten by  
John Hancock Life Insurance Company, Boston, MA 02117.

Visit us at [www.johnhancocklongtermcare.com](http://www.johnhancocklongtermcare.com)

Policy Series: LTC-06  
In Idaho: LTC-06 ID  
In North Carolina: LTC-06 NC  
In Oklahoma: LTC-06 OK  
In Texas: LTC-06 TX